

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11127

State File No. _____

FILED APR 13 1942
Registration District No. 473

Primary Registration District No. 4263

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Newark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community: 91 years
years, months or days)

3. (a) PRINT FULL NAME ALBERT BARNES

3. (b) If veteran, name war Civil war 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Barnes 6. (c) Age of husband or wife if alive 85
7. Birth date of deceased March 22 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace NEWARK Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation brick mason

11. Industry or business

MOTHER FATHER { 12. Name Jacob Barnes
13. Birthplace Maryland 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary 4
(City, town, or county) (State or foreign country)
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie B. Johnston
(b) Address Newark, Missouri

17. (a) Burial (b) Date thereof Mar. 17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation T. O. O. F. Cemetery

18. (a) Signature of funeral director Thomas Ball

(b) Address Newark, Mo.

19. (a) April 1942 (b) Nella Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 052
(c) City or town Newark
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 10, 1941, to March 15, 1942,
that I last saw him alive on March 14, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 2 yrs.

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
and Semblity

Major findings: Of operations _____

Of autopsy 318

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury D

23. Signature Valdo B. Jones (M. D. or other) MD

Address Newark Mo Date signed 3/17/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.